

THE STATE OF WEST VIRGINIA 1915(b) PROGRAM

Project Name:	Physician Assured Access System (PAAS)(WV03r04)
Initial Approval Date:	June 1, 1992
Proposal Renewal	
Submission Date:	January 30, 2002
Most Recent	
Renewal Approved:	April 25, 2002
Renewal Expiration:	April 27, 2004

PROGRAM SUMMARY:

The PAAS is a primary care case management (PCCM) program authorized under a waiver of Section 1915(b)(1) of the Social Security Act.

The initial waiver period for the PAAS waiver (WV03) was approved for June 1, 1992 through May 31, 1994. Extensions were granted from June 1, 1994 through September 15, 1995. The first renewal period (WV03.R01) was approved for September 15, 1995 through September 14, 1997. A series of extensions were granted from September 14, 1997 through January 27, 2000. The second renewal period (WV03.R02) was approved on January 28, 2000 for January 28, 2000 to January 27, 2002. The most recent renewal was approved on April 25, 2002 for the period of April 28, 2002 through April 27, 2004.

The waiver is operated directly by the Medicaid Agency, the Bureau of Medical Services (BMS), Department of Health and Human Resources. Section 1902(a)(10)(b) of the Act (Comparability of Services) was waived to include additional services such as case management and health education that are not available to beneficiaries under the Medicaid FFS Program. Section 1902(a)(23) of the Act (Freedom of Choice) was waived to restrict enrollees to receive services through a Primary Care Provider (PCP), or from another qualified provider to whom the beneficiary is referred by the PCP. Waiver of these sections of the Act will continue through the approval of this renewal request.

HEALTH CARE DELIVERY:

The objectives of the waiver are to reduce costs, prevent unnecessary utilization, reduce inappropriate utilization and to assure adequate access to quality care. The waiver operates at some level statewide. In counties where there are two or more MCOs under the Mountain Health Trust Program (MHT), PAAS enrolls individuals who are excluded under the MHT Program. In MHT areas where only one MCO participates, the State ensures that individuals are given a choice between the MCO and the PAAS Program (Options Program). In PAAS only counties, individuals are given a choice of primary care physicians who manage their care.

State is accomplishing these objectives by enrolling Medicaid recipients in the PCCM program in which a the PCP will assist the beneficiary in gaining access to the health care system and will monitor, on an ongoing basis, the participant's condition, health care needs, and service delivery.

The PCPs will be responsible for locating, coordinating, and monitoring all primary care and other specialty medical and rehabilitation services on behalf of beneficiaries enrolled in their panel. In accomplishing these objectives the State intends to enhance existing provider-patient relationships and to establish such relationships where there had been none thereby enhancing continuity of care and efficient and effective service delivery.

The waiver is limited to Section 1931 Temporary Aid to Needy Families (TANF) and TANF-related children and adults. A new provision for this waiver is that the State guarantees eligibility for children aged 0-19 for 12 months. The aged and disabled SSI population ages 21 and older may voluntarily enroll. Medicaid beneficiaries excluded from the program include foster care children; those who have Medicare coverage; anyone residing in a nursing facility or ICF/MR; and anyone enrolled in another Medicaid managed care program or community-based waiver. There is no lock-in provision under this waiver.

ENROLLMENT:

West Virginia contracts with an enrollment broker, Automated Health Systems, to conduct outreach activities and to enroll PAAS beneficiaries. (State staff can also enter enrollments.) The enrollment broker is responsible for: educating beneficiaries and providers about the PAAS program; responding to questions and requests for assistance; training county eligibility workers; processing enrollments and requests for PCP changes; receiving and responding to beneficiary complaints and grievances related to the enrollment process; and tracking and reporting on enrollment and disenrollment data.

Automated Health Systems produces monthly reports that track enrollments, auto-assignments, complaints and grievances, and all PCP changes. As of January 2002, 80,788 beneficiaries were enrolled in PAAS. No major issues or complaints about the enrollment process were received during the last waiver period.

ACCESS AND CAPACITY:

The State contracted with approximately 1,365 primary care providers during the last waiver period. WV expects to increase this number to 1,443 during the new waiver period. A PCP must be within a 30-minute drive or 30 miles of the beneficiary. The standard ratio under this waiver for PCP: beneficiary is 1:1500. In all counties of the State, the PCP to Beneficiary Ratio was well under this standard. Webster County had the largest ratio, 1:472, which was well below the required standard. The statewide average was 1:117.

The waiver allows the State to require beneficiaries eligible for the waiver program to select or be assigned to a primary care physician (PCP) which will provide, prior authorize, or make referrals for all medically necessary and appropriate primary care, specialty care, and rehabilitation services. The managed care entity will locate, coordinate, and monitor the utilization off all these health care services. Ninety percent (90%) of PAAS recipients select their own PAAS PCP.

BENEFIT PACKAGE:

The PCP will provide, prior authorize or make referrals for all medically necessary and appropriate primary care, specialty care and rehabilitation services. Services that do not require a referral from the PCP include: dental, mental health, substance abuse, pharmacy, general transportation, personal care, chiropractic services and vision exams and glasses. In accordance with regulations, prior authorization of emergency and family planning services by the PCP is not required.

LOCK-IN PROVISION: Not Applicable

ENROLLMENT BROKER: Yes, Automated Health Systems

COST EFFECTIVENESS/FINANCIAL INFORMATION:

The case management fee continues at \$3 per member per month. The program realized savings of about \$3.7 million over the previous two-year period. For the new waiver period, the State projects it will save about \$3.6 million.

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